

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece.



Leon Forniss
Warden
Staton Correctional Facility
P. O. Box 56
Elmore, AL 36025-0056

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Angela Thornell ☐ Agent ☐ Addressee
B. Received by (Printed Name)
Angela Thornell C. Date of Delivery
10/2/06
Is address different from item 1? ☒ Yes
Enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label)

7005 1820 0002 3461 6517

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

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Dr. Peasant
Staton Correctional Fac.
P.O. Box 56
Elmore, AL 36025-0056

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Angela Thornell ☐ Agent ☐ Addressee
B. Received by (Printed Name)
Angela Thornell C. Date of Delivery
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Is address different from item 1? ☒ Yes
Enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
(Transfer from service label)

7005 1820 0002 3461 6500

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154